Wyandotte County Perinatal Collaborative

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History—the Early Years

- 1968 Comprehensive Prenatal care began at the Health Department with Drs. Thompson, Quinn and Alexander.
- Objective: ALL pregnant women of Wyandotte County had access to early and regular prenatal care.
- 1980’s and early 90’s brought about Medicaid reimbursement and emphasis on prevention of preterm labor and low birth weight infants.

Shift in Demographics and Payor Source

- In the late 1990's the demographics of Wyandotte County changed
- The majority of the new PN population being served did not qualify for public health insurance, Medicaid or could not afford any other payor source

The Burden of Care

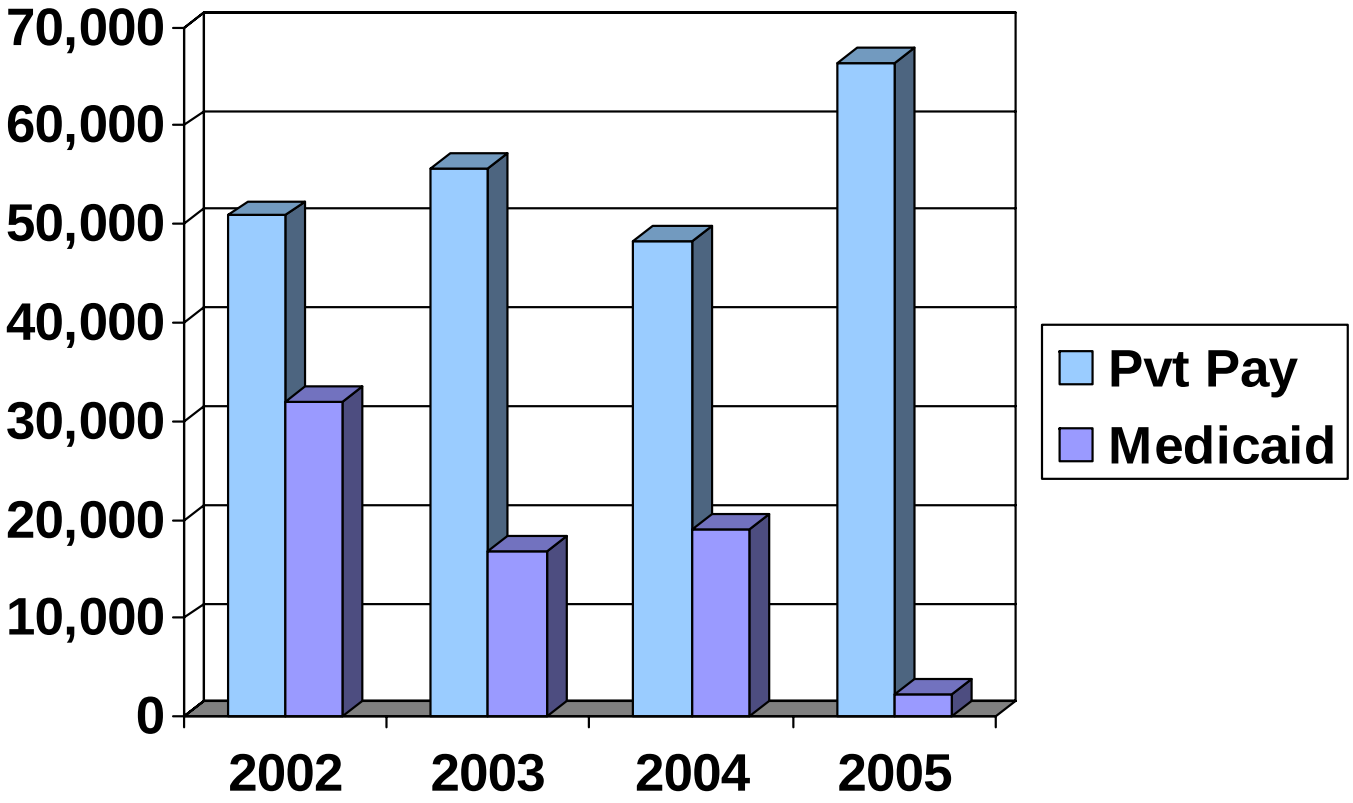
- This population also required increased amount of resources to provide the same level of care
- For example, language interpretation, translation of written materials, transportation, laboratory, radiology, pharmaceutical
- Many of these services previously covered by public health insurance

Simple Math—or NOT!

- Very labor-intensive, costly care

- ↑ Labor + ↑ Resources + ↓ Insurance Reimbursement = ↓ Patient numbers and ↑ Patient Out-of-pocket expenses

Total Fee Income



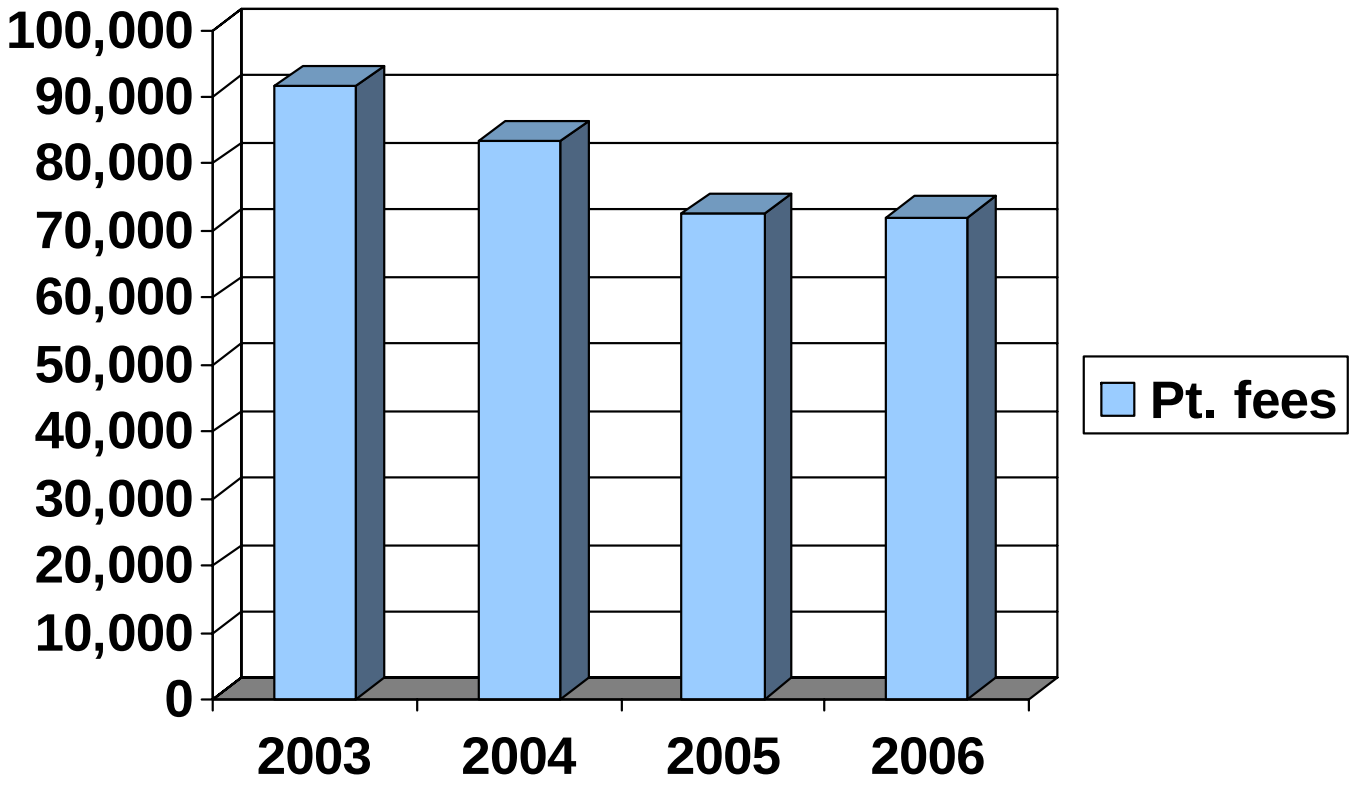
Changing Economics

- This new population's average family income was well below Federal poverty guidelines
- Difficult for them to pay full sliding fee scale charges for their prenatal care
- The MCH grant began to subsidize the care

In a Nutshell…

- Difficult to subsidize an increasingly costly comprehensive, direct patient care service at level funding
- Impossible when funding was cut

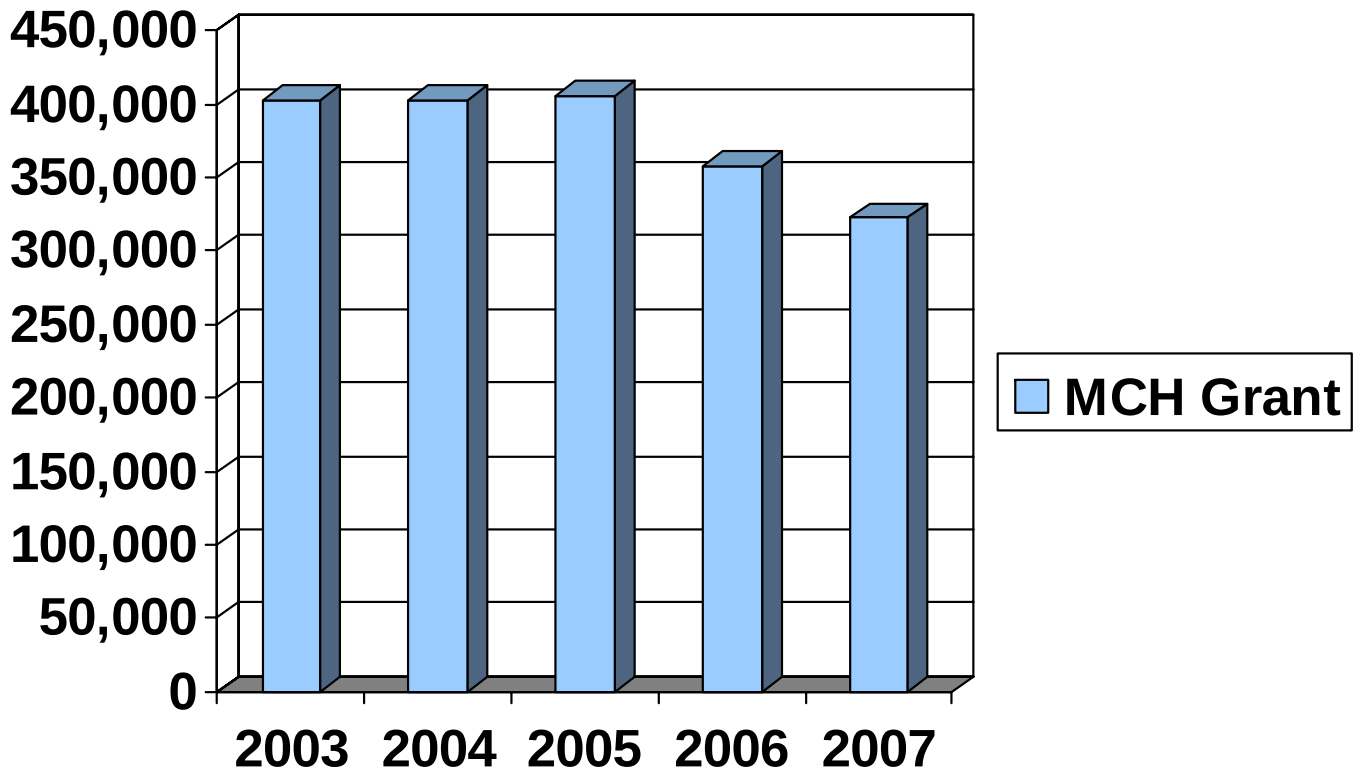
Patient Fee Income



Trickle Down Economics

- Budget Reduction Act
- Federal Maternal and Child Health Block Grant (MCH)
- Kansas MCH Grant
- Local MCH Funds

Local MCH Grant Funds



The Writing on the Wall

- **Increasing program costs:**
- Professional Services Contracts (MD & NP)
- Agency personnel costs
- Prenatal program costs (supplies, meds, lab, etc.)

Decision-Making Time

- Agency discussions first began internally in March, 2004
- NACCHO 2002 publication Making Strategic Decisions about Service Delivery: An Action Tool for Assessment and Transitioning
- Tried to find the working mousetrap

What were other LHDs Doing?

NACCHO's *Local Public Health Agency Infrastructure Study* (2001)

Many LHDs still provide clinical services, but that number has decreased:

- 74% provided childhood and adult immunizations
- 61% provided child health services
- 50% provided maternal health services
- 9% provided comprehensive primary care
- 22% provided prenatal care services

Population-based Services of LHDs

LHDs providing population-based services has increased:

- 80% provided communicable disease control
- 61% provided community assessment
- 70% provided community outreach and education

Primary Reasons for Transitioning

University of Pittsburgh study (2001):

- a. Lack of capacity or expertise to provide the service adequately and effectively
- b. Cost considerations
- c. Increasing reimbursement to private providers
- d. Opportunities to develop partnerships or collaborations with the community and/or private sector

Decision Tool—First Steps

- Determine the need to make a decision about service delivery system
- Decide who should be involved
- Design the planning process
- Assess resource needs, and secure commitments
- Conduct a readiness assessment
- Manage the process—work plan will specify order of process

Determine the Need to Make a Decision About Service Delivery System—all of these present for our situation

- Costs and fiscal concerns
- Desire to focus on population-based services—3000 births/yr in Wy Co
- Increase in the number of uninsured clients
- Shortage of providers who were willing to serve uninsured populations

Decide who should be involved

- **Input was sought** through several group meetings:
  - Health Department Administrative Team
  - Prenatal Clinic Employees
  - Key Community Stakeholders
  - KDHE Personnel
  - Kansas Health Foundation

Design the planning process

- Prenatal Transition Team assembled and active in June, 2006
- Need for community partnerships quickly materialized
- Action plan developed and assignments made

Assignments

- Develop a standard message
- Who to tell—1st Tier
- Who to tell—2nd Tier
- Community Press Release
- Gather statistics—financial, client numbers, etc.
- What are other LHDs doing in our region?

Assess Resource Needs

- What services can we reasonably provide?
- Transition activities
- Legal considerations—withdrawing a portion of care
- NPs still needed for FP exams

Our Agency Goals

- Identify working PN care programs—type, eligibility, scope, cost
- Identify pockets of patient need
- Avoid duplication of services
- Coordination of services
- Keep staff in useful roles

Marketing Our Package to Key Stakeholders and Securing Commitments

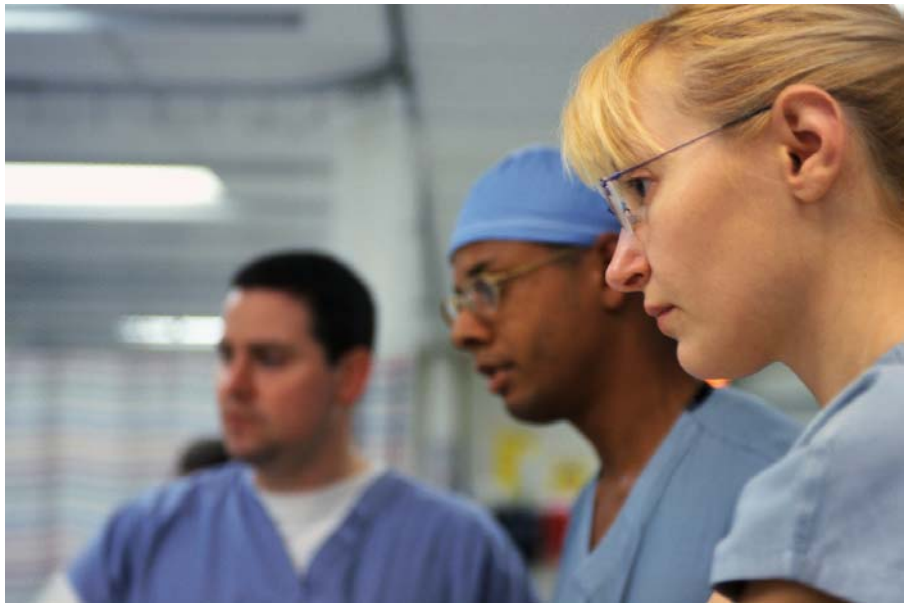
- Birthing hospitals
- Community physicians
- Affiliated agencies
- HD staff
- Current and future clients
- Media
- UG administration

Provider concerns

- A fair and even distribution of self pay clientele to individual providers and hospitals
- High Risk clients
- Limited English Proficiency clients
- Non Compliant clients
- Lack of, or Late PN Care, and Little, or No Records

How Were Concerns Addressed?

- Lots of “hand-holding”
- One chance to make a first impression
- Reducing the stress level



A fair and even distribution

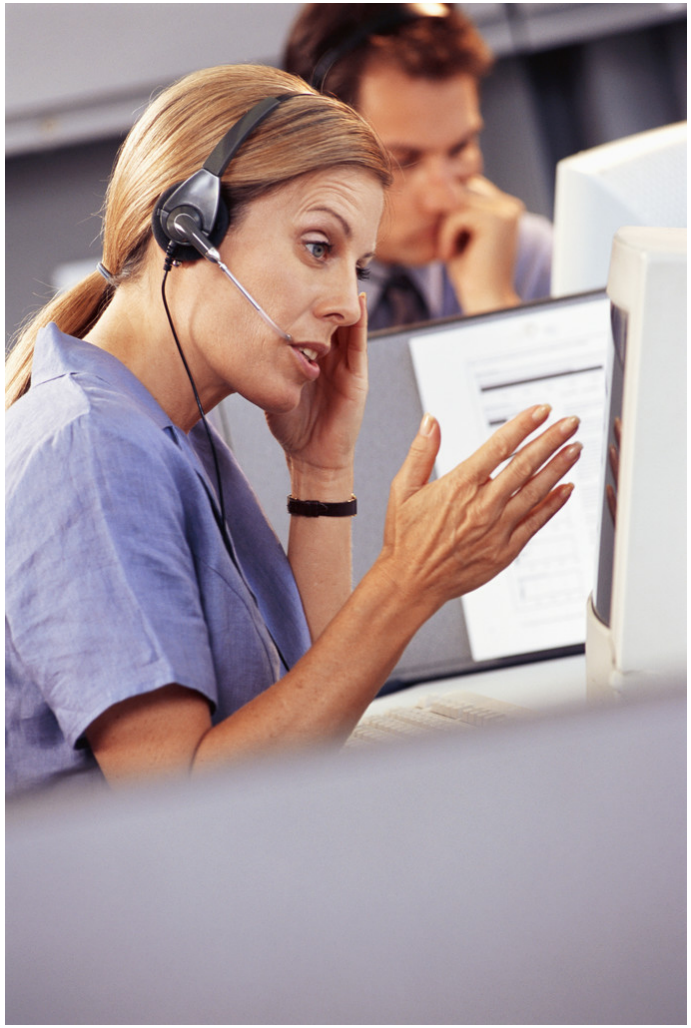
- A Specially Designed Database was created:
- Random client assignment
- Physicians determine max. number of clients per month
- Hospitals—15 clients per month
- Based on working prototype

High Risk Clients

- Mutually agreed upon High Risk Criteria was developed:
- High Risk is determined by HD nurses at initial intake
- Later entry possible if need develops during pregnancy

Limited English Proficiency Clients

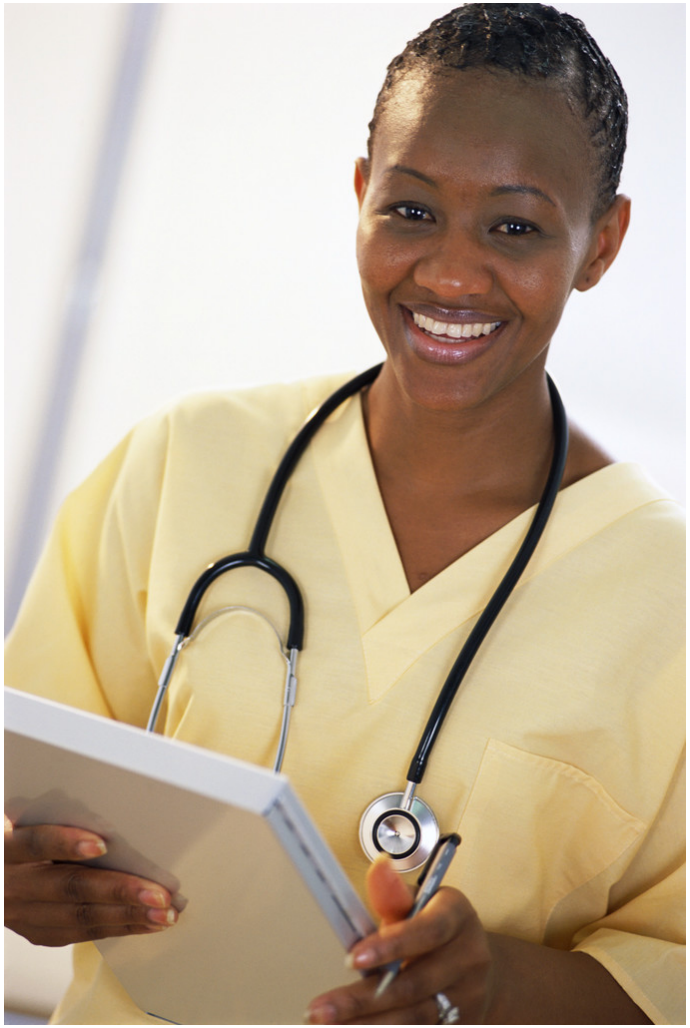
- A contract price from a telephone interpreting service (Propio) was negotiated.
- An interpreting agreement was created



Client Involvement

- Verbally inform prospective clients
- Written Prenatal Care Agreement
- Two no-shows/no-calls for non-compliant clients

The Last Provider Concern



Lack of, or Late PN Care, and Little, or No PN Records

- Early and regular PN care is our goal
- Nurse role restructured to provide case-management services

Nurse Case Manager Duties

- Keep the providers up-to-date with patients records
- Help clients keep compliant with their care.
- Individually assigned to provider and clients

The Fruits of Our Labors

Thus the Wyandotte County Perinatal Collaborative was Born!

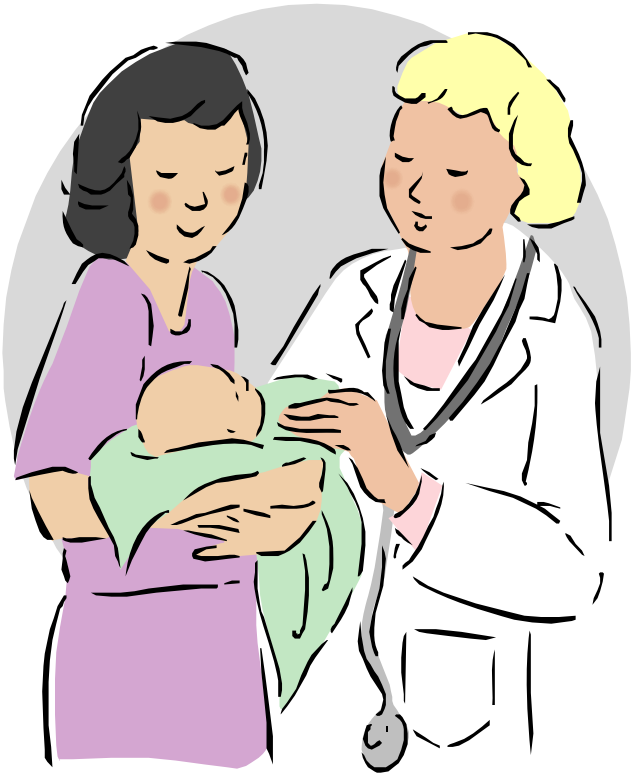
What is the Wyandotte County Perinatal Collaborative?

- A true collaborative effort:
- UG Health Department
- Both delivering hospitals within the county
- And participating OB-GYN physician groups

Who Are the Providers?

- **Providence Medical Center**

- 6 OB-GYN physicians



Who Are The Providers?

University of Kansas Medical Center

- OB-GYN Resident Clinic
- Department of Family Medicine
- Center for Advanced Fetal Care

Managing the Process—Work Plan

- Walk-In Pregnancy Testing
- Full options Counseling

If Choice is to Continue the Pregnancy…

- Prenatal vitamins
- Certified for WIC services
- Early and regular PN care
- Community resources
- Connections

Connections

- Connects Families to Community Resources
- Program to screen multiple risks in families with children ages 0-5
- Provides referral support to address multiple needs

Lots of Education!

- Teratogenic effects of drugs, substances
- Folic Acid intake
- Early Pregnancy warning signs
- Nutrition, exercise and sleep

The Health Insurance Triage

- Yes? We help with network provider
- No? Determine public health insurance eligibility
- Medicaid eligible yes? Referral
- Medicaid eligible no? May enroll in Collaborative

Who Is Eligible?

- Reside in the Wyandotte area.
- Uninsured or underinsured for prenatal care.
- Willing to agree to the program requirements and financial obligations.

The Cost of Care—usually!

- $2000 prenatal care
- $5000-8000 for vaginal delivery
- $9000-12,000 for C-section delivery

What is the Collaborative PN Cost?

- The client is financially responsible
- Mutually agreed upon by all Collaborative providers

What is the Cost?

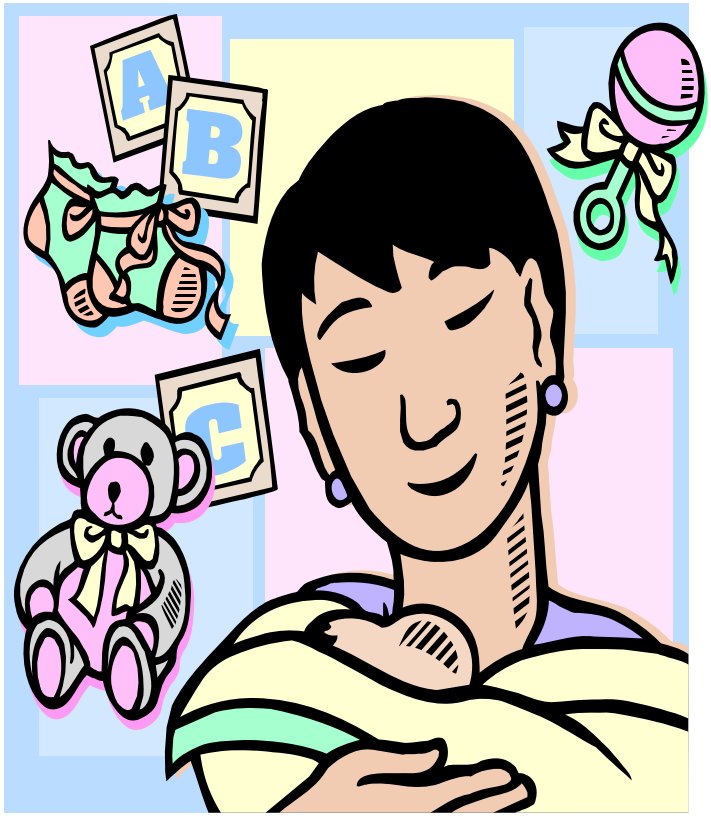
- The total cost to the client is **$490.00**; this includes:
  - 5 payments of $80.00 each to the physician for prenatal medical care visits throughout the entire pregnancy, including a postpartum check-up
  - 1 payment of $50.00 to the Health Department at the time of the first class for initial laboratory services and nurse intake

What is the Cost?

- 4 more payments of $10 each to HD at class sessions
- Covers education and lab testing

The Cost of Delivery

- SOBRA—an emergency medical assistance program
- Hospital and doctor delivery fees
- PN care or other admissions not covered
- Apply 3 wks prior to EDC



Getting Started

- Client arrives with completed paperwork
- Registration and Cashier
- Lab—initial draw
- Group Ed Class—Nurse, RD, SW

After Class

- Obtain history
- Screening tools
- Baby Your Baby Booklet
- Provider Level Determined

Provider Assigned

- Clerks randomly assign Prenatal Care Provider
- Computer Database evenly distributes clients

Role of the Nurse Case Manager

- Specially assigned to Prenatal Care Provider
- Has met with physician and staff
- Helps ensure open communication and continuity of care

More Nurse Case Manager Duties

- Responsible for care coordination
- Encourages client compliance with medical plan of care
- Follows the clients throughout enrollment in the program

Assessing Risk and Expediting Provider Care Entry

- Reviews history and screenings
- Determines risk
- Schedules first appt with care provider

The High Risk Client

- Center for Advanced Fetal Care at the University of Kansas Medical Center
- Specialized Clinic within OB/GYN Dept.
- Perinatologists on staff to provide care

What's in a Class Session?

- Everyone MUST attend this Class Session
- Class # 1:
  - Dating of Pregnancy
  - Pregnancy complications
  - Routine Laboratory tests
  - Common Pregnancy Discomforts
  - Healthy Nutrition
  - Cost of Prenatal Care and Delivery

What's in a Class Session?

- Patients are scheduled for this class at or about 16 to 22 weeks gestation.
- Class #2
  - Purpose of Ultrasounds
  - Benefits of Breastfeeding
  - AFP screening
  - Physical and Sexual activity during Pregnancy
  - Healthy Eating and Exercise

What's in a Class Session?

- Patients are scheduled for this class at or about 22 to 28 weeks gestation.
- Class #3
  - Signs and Symptoms of Preterm Labor
  - Glucose Challenge Testing and Gestational Diabetes
  - Spacing of Future Pregnancies
  - Postpartum Birth Control Methods

What's in a Class Session?

- Patients are scheduled for this class at or about 28 to 34 weeks gestation.
- Class #4
  - Childbirth Classes
  - Pre-registration at Hospital
  - Choosing a Pediatrician
  - Circumcision
  - Signs and Symptoms of Pre-term labor reviewed.
  - Breastfeeding
  - SOBRA Registration

What's in a Class Session?

- Patients are scheduled for this class at or about 34 to 40 weeks gestation.

- Class #5
  - Anesthesia
  - Birth Options
  - Full Term Labor Instructions
  - Group B Strep Testing
  - Child Passenger Safety
  - SIDS Prevention
  - Infant and Child Nutrition
  - Immunizations

After Delivery

- Newborn home visit by RN within 30 days
- Postpartum exam at doctor's office
- Postpartum birth control method at HD FP Clinic on a sliding scale

Program Evaluations

- Satisfaction surveys:
  - Doctors
  - Patients
  - Internal and Community Agency Staff
  - Possibly Labor and Delivery staff
- Monthly Reports to Hospitals

Monthly Physicians Report

Public Health Department Intake & Referral

Physician Report **February, 2007**

Doc. Number	Last Name	First Name	Date of last Referral	Pledged per Month	Pledges Made this Month	Pledges Left this Month	Patents this year
1	KU High Risk		12/18/2006	35	1	34	1
2	Hurley	Martha	2/12/2007	2	1	1	4
3	KU OB#1		2/12/2007	2	2	0	4
4	Jahanian	Daryoush	2/26/2007	2	2	0	4
5	KU OB#2		2/26/2007	2	2	0	4
6	Miller	Dennis	2/26/2007	2	2	0	4
7	KU OB#3		2/26/2007	2	2	0	4
8	Liu	Albert	2/26/2007	3	2	1	4
9	KU OB#4		2/26/2007	3	2	1	4
10	Lorenzetti	Lisa	2/26/2007	3	2	1	4
11	KU OB#5		2/26/2007	3	2	1	4
12	Wilson	Brandi	2/12/2007	3	1	2	3
13	KU OB#6		2/12/2007	3	1	2	3

Note-KU/HR Doc#1 is an estimated number base on historical client population data. This number may include duplicated clients as a result of consults of transfers to High Risk after Initial intake & referral.

is an estimated number based on historical client population data.

Professional Evaluations so Far:

- One OB-GYN wanting to begin participating with the collaborative
- One OB-GYN wants to increase number of referrals sent to her
- One OB-GYN states “the system is working impressively well”

Patient Evaluations so Far:

- “Thank you for answering my questions, I’m at ease.”
- “Thank you for the services.”
- “I’m aware of and satisfied with their hard work.”

Future Plans:

- We hope to provide these and other classes to non-collaborative patients
- Presentations of the collaborative at various local, state, and national conferences
- Possible publication of the collaborative
- Design replication in other communities
- Received MOD grant to provide a Centering Pregnancy Conference.
- Lobby for Reimbursement for PN care for Unborn child of non-citizens.

Questions and Hopefully Answers!!!

Thank You!